

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
Date Stamp (Received)
JUN 22 2018

Bayfield Co. Zoning Dept.

Permit #:

18-0219

Date:

6-28-18

Amount Paid:

\$75 6-28-18

Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

FILL OUT IN INK (NO PENCIL)

| | | | |
|---|--------------------------------------|---|--|
| TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER | | | |
| Owner's Name: Dustin Moriarty | Mailing Address: 86495 Lenawee Rd | City/State/Zip: Herbster/WI/54844 | Telephone: 7157743282 |
| Address of Property: 86495 Lenawee Rd | City/State/Zip: Herbster WI 54844 | Cell Phone: 7158137359 | |
| Contractor: Ezra Smith (E. Smith Builders LLC) | Contractor Phone: 7154130715 | Plumber: N/A | Plumber Phone: — |
| Authorized Agent: (Person Signing Application on behalf of Owner(s)) | Agent Phone: | Agent Mailing Address (include City/State/Zip): | Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No |
| PROJECT Legal Description: (Use Tax Statement) | Tax ID# 11474 | Recorded Document: (Showing Ownership) 934 733 | |
| Description: NE SE LESS 1A IN NE COR & LESS S 1/2 NE SE S & W OF TN RD & S 88' OF N 1/2 NE SE IN V.934 P.733 236 IM 2004R-494489 IM 2005R-503926 IM 2005R-503927 | | Subdivision: | |
| Section 8, Township 50 N, Range 7 W | Town of: CLOVER | Lot Size | Acreage 14.000 |

| | | | | |
|---|--|--|---|---|
| <input checked="" type="checkbox"/> Shoreland → | <input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue → | Distance Structure is from Shoreline : 145 feet | Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue → | Distance Structure is from Shoreline : feet | | |
| <input checked="" type="checkbox"/> Non-Shoreland | | | | |

| Value at Time of Completion * include donated time & material | Project | # of Stories | Foundation | # of bedrooms in structure | What Type of Sewer/Sanitary System Is on the property? | Type of Water on property |
|--|--|---|--|--|---|--|
| \$ 13,000 | <input checked="" type="checkbox"/> New Construction | <input checked="" type="checkbox"/> 1-Story | <input type="checkbox"/> Basement | <input type="checkbox"/> 1 | <input type="checkbox"/> Municipal/City | <input type="checkbox"/> City |
| | <input type="checkbox"/> Addition/Alteration | <input type="checkbox"/> 1-Story + Loft | <input checked="" type="checkbox"/> Foundation | <input type="checkbox"/> 2 | <input type="checkbox"/> (New) Sanitary Specify Type: _____ | <input checked="" type="checkbox"/> Well |
| | <input type="checkbox"/> Conversion | <input type="checkbox"/> 2-Story | <input checked="" type="checkbox"/> POLE | <input type="checkbox"/> 3 | <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: holding tank | |
| | <input type="checkbox"/> Relocate (existing bldg) | | Use | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) | |
| | <input type="checkbox"/> Run a Business on Property | | <input checked="" type="checkbox"/> Year Round | | <input type="checkbox"/> Portable (w/service contract) | |
| | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> Compost Toilet | |
| | | | | | <input type="checkbox"/> None | |

| | | | |
|---|------------|-----------|------------|
| Existing Structure: (if permit being applied for is relevant to it) | Length: | Width: | Height: |
| Proposed Construction: | Length: 38 | Width: 32 | Height: 18 |

| Proposed Use | ✓ | Proposed Structure | Dimensions | Square Footage |
|---|-------------------------------------|--|-------------|----------------|
| <input checked="" type="checkbox"/> Residential Use Rec'd for Issuance JUN 28 2018 Secretary Staff | <input type="checkbox"/> | Principal Structure (first structure on property) | (X) | |
| | <input type="checkbox"/> | Residence (i.e. cabin, hunting shack, etc.) | (X) | |
| | | with Loft | (X) | |
| | | with a Porch | (X) | |
| | | with (2nd) Porch | (X) | |
| | | with a Deck | (X) | |
| | | with (2nd) Deck | (X) | |
| <input type="checkbox"/> Commercial Use | | with Attached Garage | (X) | |
| | <input type="checkbox"/> | Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | (X) | |
| | <input type="checkbox"/> | Mobile Home (manufactured date) _____ | (X) | |
| | <input type="checkbox"/> | Addition/Alteration (specify) _____ | (X) | |
| | <input checked="" type="checkbox"/> | Accessory Building (specify) Polebarn | (38 X 32) | 1216 |
| <input type="checkbox"/> Municipal Use | <input type="checkbox"/> | Accessory Building Addition/Alteration (specify) _____ | (X) | |
| | <input type="checkbox"/> | Special Use: (explain) _____ | (X) | |
| | <input type="checkbox"/> | Conditional Use: (explain) _____ | (X) | |
| | <input type="checkbox"/> | Other: (explain) _____ | (X) | |

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): [Signature] [Signature]
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 06/20/2018

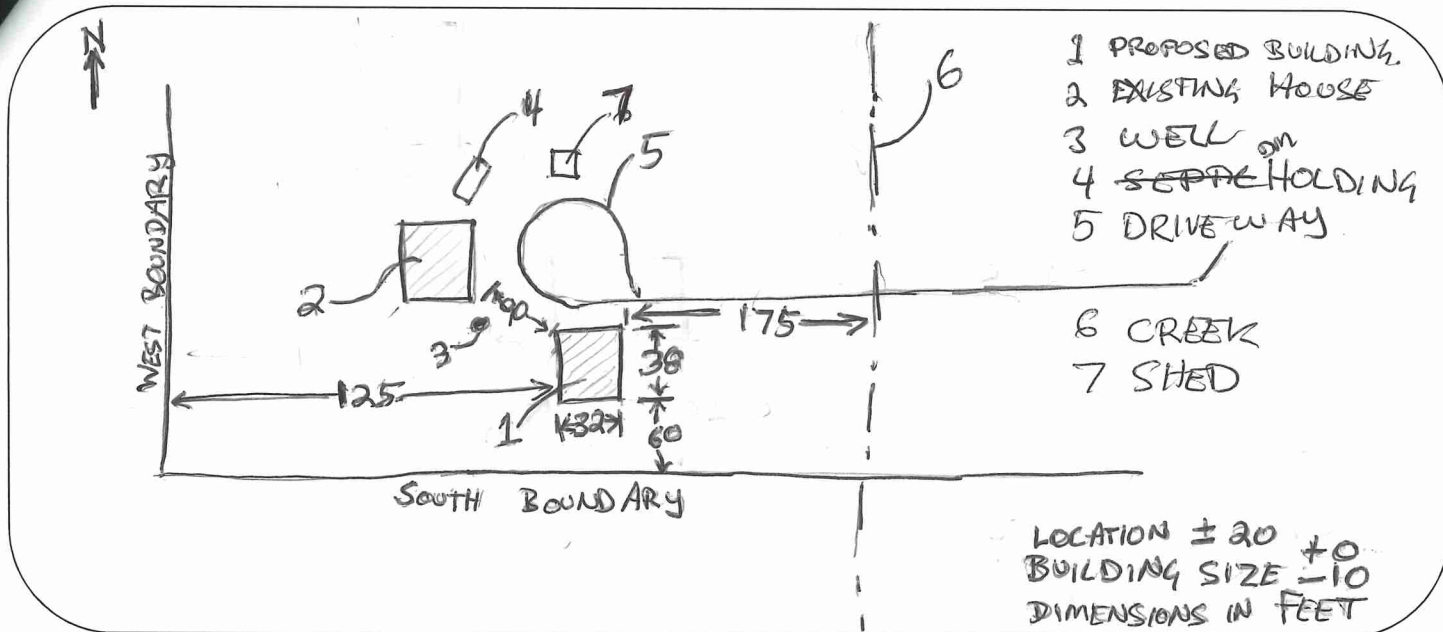
Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date _____

Address to send permit _____
Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

- Show Location of: Proposed Construction
 Show / Indicate: North (N) on Plot Plan
 Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
 Show: All Existing Structures on your Property
 Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
 Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

| Description | Measurement | Description | Measurement |
|---|-------------|--|---|
| Setback from the Centerline of Platted Road | 910 Feet | Setback from the Lake (ordinary high-water mark) | — Feet |
| Setback from the Established Right-of-Way | 880 Feet | Setback from the River, Stream, Creek | 175 Feet |
| | | Setback from the Bank or Bluff | — Feet |
| Setback from the North Lot Line | 470 Feet | | |
| Setback from the South Lot Line | 60 Feet | Setback from Wetland | — Feet |
| Setback from the West Lot Line | 125 Feet | 20% Slope Area on the property | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Setback from the East Lot Line | 1060 Feet | Elevation of Floodplain | — Feet |
| | | | |
| Setback to Septic Tank or Holding Tank | 130 Feet | Setback to Well | 85 Feet |
| Setback to Drain Field | — Feet | | |
| Setback to Privy (Portable, Composting) | — Feet | | |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
 For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
 The local Town, Village, City, State or Federal agencies may also require permits.

| | | | | |
|--|---|---|---|--------------------------|
| Issuance Information (County Use Only) | | Sanitary Number: 08-515 | # of bedrooms: 3 | Sanitary Date: 6/4/2008 |
| Permit Denied (Date): | | Reason for Denial: | | |
| Permit #: 18-0019 | | Permit Date: 6-28-18 | | |
| Is Parcel a Sub-Standard Lot | <input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> No | Mitigation Required | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Required |
| Is Parcel in Common Ownership | <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No | Mitigation Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Attached |
| Is Structure Non-Conforming | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Granted by Variance (B.O.A.) | | Previously Granted by Variance (B.O.A.) | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: | | |
| Was Parcel Legally Created | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Were Property Lines Represented by Owner | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Flagging |
| Was Proposed Building Site Delineated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Stakes | Was Property Surveyed | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Inspection Record: Proposed building site was staked and property boundaries flagged w/ tape. Project appears code compliant as proposed. | | Zoning District (A-61) Lakes Classification (—) | | |
| Date of Inspection: 6/26/18 | Inspected by: Todd Norwood | Date of Re-Inspection: | | |
| Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.) Structure shall not be used for human habitation/sleeping purposes. No pressurized water in structure without an approved connection to POTWS. | | | | |
| Signature of Inspector: Todd Norwood | | Date of Approval: 6/27/18 | | |
| Hold For Sanitary: <input type="checkbox"/> | Hold For TBA: <input type="checkbox"/> | Hold For Affidavit: <input type="checkbox"/> | Hold For Fees: <input type="checkbox"/> | <input type="checkbox"/> |

City, village, State or Federal
Permits May Also Be Required

AND USE – **X**
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **18-0219** Issued To: **Dustin Moriarty**

Location: **NE ¼ of SE ¼ Section 8 Township 50 N. Range 7 W. Town of Clover**
LESS 1A IN NE COR & LESS S 1/2 NE SE S & W OF TN RD & S 88' OF N 1/2 NE SE

| Gov't Lot | Lot | Block | Subdivision | CSM# |
|-----------|-----|-------|-------------|------|
|-----------|-----|-------|-------------|------|

For: **Residential Accessory Structure: [1- Story; Pole Barn (38' x 32') = 1,216 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Structure shall not be used for human habitation / sleeping purposes. No pressurized water in structure without an approved connection to POWTS.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Todd Norwood

Authorized Issuing Official

June 28, 2018

Date